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Every item of information should state CAUSE OF DIOCCUPATION is very imp

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should important, DEATH

See instructions on

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STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.; Ward)

If death occurred in a hospital or institution, give its NAME instead of street and number.]

	L CERTIFIC	AIC OI	DEATH	
6 DATE OF DEATH		(Jordh)	(Day)	, 191
T I HEREBY C	ERTIFY, The	t atten	ded dece	ased from
May 2	, 191 to	120	m 2	ک 191 ,
that I last saw heem	allye on	Zef	fr 2	ني وه
and that death occur		late state	dabove,	6.4.n
The CAUSE OF DEAT	TH ∜ was as	follows:	Car e	
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	~ G	Takinn)	Yre.	mos d
Secondary	G 4	ration)	yrs.	mos
Secondary		arto	yre.	mos
Signed) , 191 J	(Address)	Pocos	ns. sens	City
Secondary	(Address)	Pocos	wis.	Chy N. VICT.ENT
Signed) State the Disease Causes, state (1) Mr Suicinal or Homicina	(Address) SE CAUSING DE CANS OF INJURY	Pocos ATH, or, in x; and (2)	whether Ac	VIOLENT CIDENTAL,
Signed) Signed) State the Disease Causes, state (1) Mr Suicinal or Homicida B LENGTH OF RESIDEN OR RECENT RESIDENTS	(Address) SE CAUSING DE CANS OF INJURY	PITALS, INS	whether Ac	VIOLENT CIDENTAL,
Signed) State the Disease Causes, state (1) Mr Suicinal or Homicina	(Address) SE CAUSING DESANS OF INJURY L. NCE (FOR HOSS)	PITALS, INS	whether Ac	VIOLENT CIDENTAL,
Secondary Signed) State the DISEAL CAUSES, state (1) ME SUICITIAL OF HOMICIDA B LENGTH OF RESIDENTS All place of death yrs. mo Where was disease contracted,	(Address) SEE CAUSING DESANS OF INJURY L. NCE (FOR HOSS)	PITALS, INS	whether Ac	VIOLENT CIDENTAL,
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[Approved_by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully write None. or given up on account of the disease causing death, who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers mobile factory. The material worked on may form part Housemaid, etc. engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. mill; (a) Salcsman, (b) Growty; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line is provided for the latter statement; it should be used especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Former or Planter, Physiknow (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupa-Compositor, Architect, Locomotive engineer, For persons who have no occupation whatever, If the occupation has been changed Women at home, who are engaged in Never return "Laborer," If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death—Name, first, the disease causing death of the same accepted term for the same disease. Examples: *Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever (never report "Typhoid pneumonia"); *Lobar pneumonia, *Bronchopneumonia* of lungs, meninunqualified, is indefinite); *Tuberculosis of lungs, menin-

genital," on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated Struck by railway train-accident; Revolver wound of on Nomenclature of the American Medical Association.) suicide. head-homicide; Poisoned by to determine definitely. Examples: Accidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "Puerperal peritonitis," etc. State cause for which mus," "Old Age," "Shoek," "Uracmia," "Weakness." "Anaemia" (merely symptomatie), "Atrophy," hpse," "Coma," "Convulsions," "Dehility" ges, perilonaeum, etc., Carcinoma, Sarcona, etc., of birth or misearriage as "Puerperal septicharmia," cause. ete., when a definite disease can be ascertained as the "Heart failure," "Hecmorrhage," "Inanition," "Marassymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report merc Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. cough; Chronic valualar heart discose; Chronic interstitial "Tumor" for malignant neoplasms); Measles, Whooping (name origin; "Cancer" is less definite; avoid use of Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, "Senile," etc.), The contributory (secondary or intercur-"Dropsy," carbolic acid-probably "Atrophy," "Exhaustion," ("Con-



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UNFADING INK-THIS IS

PHYSICIANS should state of OCCUPATION Is very

Exact statement stated EXACTLY.

that it may be properly classified.

should be

AGE

carefully supplied. certificate.

Every item of information should be CAUSE OF DEATH in plain terms, so

1 ż See instructions on back

Important.

PERMANENT RECORD

1 PLACE OF DEATH County County	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 700
Village or City were Come (No,	St.; Ward) a hospital or institution give its NAME lostead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
Month) (Day) (Year)	that I last saw harmalive on 2 3 1915.
If LESS than 1 day,hrs. ormin.?	and that death occurred on the date stated above, at 2 m, The CAUSE OF DEATH* was as follows:
(State or country)	(Duration) yrs mos. ds. Contributory Otto Selection
10 NAME OF FATHER Oflia Beau	(Signed) (Duration) yrs mes ds.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS. INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs mos ds. State yrs mos ds.
ATHE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Interment	Where wss disease contracted, If oot at place of death? Former or usual residence.
Filed 5/24 1915- 978 milh REGISTRAR	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS ADDRESS ALLES
If more blanks are needed, address State Registra	F. E. Frankiln St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health
Association.]

material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The It should be used only when needed. As examples: Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be Indi-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not pald Housekcepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative mealthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has minc, etc. Civil engineer, Stationary freman, etc. But In many Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cere-brospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid denumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin

childbirth or miscarriage, as "Puerperal septichacmus," "Old Age," "Shock," "Uraemia," "Weakness," valvular heart disease; Ohronic interstitial nephritis cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for malls oma. Sarcoma. etc., of ... injury, as fracture of skull, and consequences (e. g., -Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) "Contributory." The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-Never report Examples: For vio-



V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly, classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT 4 WRITE PLAINLY, WITH UNFADING INK-THIS IS

1 PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Crusfield (No	Registration Dist. No. 265 St.; Ward) [it death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Figure Meyro (Write the word)	16 DATE OF DEATH Mind 9, 1915 (Month) (Day (Year)
Month) (Day (Year)	that I ast saw here alive on Many 9 1915
7 AGE 28 yrs 2 mos. 19 ds. or min.?	and that death occurred on the date stated above, at #1:30Pm, The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in	
which employed (or employer) BIRTHPLACE (State or country)	Contributory Leveral exhiumstrong
11 BIRTHPLACE OF FATHER WALL 12 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER 13 MAIDEN NAME OF MOTHER 14 MAIDEN NAME OF MOTHER 15 MAIDEN NAME OF MOTHER 16 MAIDEN NAME OF MOTHER 17 MAIDEN NAME OF MOTHER 18 MAIDEN NAME OF MOTHER 18 MAIDEN NAME OF MOTHER 19 MAIDEN NAME OF MOTHER 10 MAIDEN NAME OF MOTHER 11 MAIDEN NAME OF MOTHER 11 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER 13 MAIDEN NAME OF MOTHER 14 MAIDEN NAME OF MOTHER 15 MAIDEN NAME OF MOTHER 16 MAIDEN NAME OF MOTHER 17 MAIDEN NAME OF MOTHER 18 MAIDEN NAME OF MOTHER 18 MAIDEN NAME OF MOTHER 19 MAIDEN NAME OF MOTHER 19 MAIDEN NAME OF MOTHER 10 MAIDEN NAME OF MOTHER 10 MAIDEN NAME OF MOTHER 10 MAIDEN NAME OF MOTHER 11 MAIDEN NAME OF MOTHER 11 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER 13 MAIDEN NAME OF MOTHER 14 MAIDEN NAME OF MOTHER 15 MAIDEN NAME OF MOTHER 16 MAIDEN NAME OF MOTHER 17 MAIDEN NAME OF MOTHER 18 MAIDEN NAM	(Signed) / Survey (Address) 3 9 Do Park (Signed) *Style the Disease Causing Death, or, in deaths from Violent
12 MAIDEN NAME OF MOTHER Mrs. Sarah Ballard 13 BIRTHPLACE OF MOTHER (State or country)	*Style the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) C. Crittinghan	of death yrs mos ds. State yrs mos ds Where was disease contracted, If not at place of death? Former or usual residence
(Address) 1330 Lo CUST / SI-GOLMO	19 PLACE OF BURIAL OR REMOVAL QATE OF BURIAL May 12 19101 20 UNDESTAKER ADDRESS
FIGURE 1914 PROGRAM	ADDRESS ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Consus and American Public Health Association.]

additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—In all respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic eercbrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cansuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State childbirth or misearriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras-Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) tctanus) may be stated under the head of Always qualify all diseases resulting from Measles (Recommendations on statement of (disease causing death), 29 ds.; "Exhaustion," cause for For VIO-



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

Item of Information should be carefully supplied.

RECORD

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1 PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

PLAGE OF DEATH	STATE OF MARYLAND
County Somerset	CERTIFICATE OF DEATH Registration Dist. No.
Village or City_Crisfield Rd D_(No	St.; Ward) [If death occurred a hospital or institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
F. White Single, Married Wilowsto, ORDIVORCED (Write the word)	Nav 28, 195 (Month) (Day (Year 17 I hereby certify, That I attended deceased fr October 195 to Mat 28, 195
7 AGE (Month) (Day (Vear) 7 AGE 1 LESS than 1 day,hrs. ORmin.?	that I last saw h. WE allve on May 28
particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Manyfand	Gontributory Secondary
10 NAME OF FATHER Delonion Tyler, 11 BIRTHPLACE OF FATHER (State or country) May Land 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) W. F. Gall May 29 4, 191 5. (Address) Crisfield. *State the Disease Causing Death, or, in deaths from Viol
12 MAIDEN NAME COMMA AYES 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	*State the DISEASE CAUSING DEATH, or, in deaths from Violi CAUSES, state (1) MEANS OF INJURY; and (2) whether Accid Tal, Suicidal, or Homicidal. 18 Length Of Residence (for Hospitals, Institutions, Transier or Recent Residents) Af place in the of deathyrsmos ds. Stateyrsmos Where was disease contracted,
(Informant) Emusia Vyler (Address) Crestald Ald, 16 Filed 29th, 1915 leleballus. REGISTRAR	Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL Family Busial Lot May 30 + 191 20 UN DERTAKER ADDRESS LAWYOU Creshold

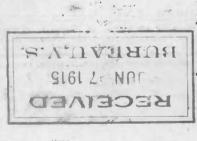


[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations ness of various pursuits can be known. The question cated thus: Scrvant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. who have no occupation whatever, write Nonc. been changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal essary to know (a) the kind of work and also (b) For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";): Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) nant neoplasms); Measles; Whooping cough; Chronic injury, as fracture of skull, and consequences (e. g., childbirth or miscarriage as "Puerperal septichacctc., when a definite disease can be ascertained as the thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for malig oma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitie," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report "Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) tetanus) Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion,"



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate.

RECORD

CAUSE OF Important. S

N. B.

PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

Village or City Crisfield (No. 2 Color City Chame Dela Color Color	St.; Ward) St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDDWED, OR DIVENCED (Write the word) DATE OF BIRTH 1879	16 DATE OF DEATH (Month) (Da) (Year) 17 I HEREBY CERTIFY, That I attended deceased from (MAN) (That I last saw has alive on Many 27, 1915
(Month) (Day (Year) 7 AGE If LESS than 1 day,hrs.	and that death occurred on the date stated above, at
B OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer)	Haemapelefra) VB (Duration) yrs mos 1/2 ds.
9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE 11 BIRTHPLACE	Contributory Secondary (Signed) (Signed) (Signed) (Signed) (Address) (Signed)
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER 13 BIRTHPLACE OF MOTHER 14 MAIDEN NAME OF MOTHER 15 MINISTER OF MOTHER 16 MINISTER OF MOTHER 17 MINISTER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place 10 the
(State or country) The BEST OF MY MOWLEDGE (Informant) Me Chisty	of deathyrs,mosds. Stateyrsmosds Where was disease contracted, If not at place of death? Former or
(Address) Outfill My 15 15 15 185 M Hearlborn REGISTRAR	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL LISTICAL CRISTICAL PROPRESS ADDRESS AWSON Cristical Control Contro

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory., The additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write Nonc. cated thus: Farmer (retired 6 yrs.) For persons been changed or given up on account of the disease of persons engaged in domestic service for wages, as fication as Day laborer, Farm laborer, Laborer-Coal it should be used only when needed. For many occupations a single word or term on the (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salcsman, As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";): Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, cer" Is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," affection need not be stated unless important. cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. "Contributory." Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) (Recommendations on statement of



RECORD

PLACE OF DEATH STATE OF MARYLAND PHYSICIANS t statement of CERTIFICATE OF DEATH Registration Dist. No. If death occurred in St.:.....Ward) a hospital or institution. give its NAME Instead of street and number.] ² FULL NAME PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH that I last saw h....alive on (Day) (Year) 7 AGE If LESS than 1 day, hrs. O AUSE OF DEATH * was as follows: OR min. ? that OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME 11 BIRTHPL Z CAUSES, State (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal. **E** LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, O OR RECENT RESIDENTS) 13 BIRTHPLACE At place S OF MOTHER (State or count of deathyrs.mos.ds. State,yrs. moe. ds. \supset Every item of instance of should state CAL Where was disease contracted, 14 THE ABOVE if not at place of death ?... Former or usual residence OF BURIAL OR DATE OF BURIAL (Address) Ø If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housemobile factory. only when needed. As examples: (a) Spinner (b) Cotton cian, Compositor, Architect, Locomolive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physistate occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. Never return "Laborer," mill; (a) Salesman, (b) Grocery; (a) Foreman, is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, various pursuits can be known. The question The material worked on may form part Women at home, who are engaged in If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," I. Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "H.emorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Tracmia," "Weakness," "Anaemia" (inerely symptomatic), "Atrophy, lapse," "Conia," "Convulsions," "Debility" nephritis, etc. The contributory (secondary or intercurcough; Chronic valvular heart disease; Chronic interstitial on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound of to determine definitely. Examples: Accidental drowning; SUICIDAL, OF HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent neaths "Puerpenal peritonitis," etc. State cause for which birth or misearriage as "luenperal septichaemia," symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. "Tumor" for malignant neophesms); Measles; Whooping ges, perilonarum, etc., Carcinoma, Sarcoma, etc., of etc., when a definite disease can be ascertained as the (name origin; "Cancer Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, is less definite; avoid use of "Atrophy,"



PHYSICIANS should state of OCCUPATION IS very

Exact statement

properly classified.

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1 PLACE OF DEATH Village or Citylear, Planuakelings

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 262

St.;....Ward)

Ilf death occurred in a hospital or Institution, give Its NAME Instead of street and number.]

FULL NAME	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Wale Color or RACE Single, MARRIED, Mauri W. WIDOWED, ORDIVORCED (Write the word)	(Month) (Vay (Year)
8 DATE OF BIRTH	Marie V.
DEC 22 1867	1100mbls 1912, to March 1915
(Month) (Day (Year)	that I last saw hour alive on hunch 22", 1913
7 AGE If LESS than	and that death occurred on the date stated above at 230 Pm
1 day,hrs.	The CAUSE OF DEATH'S Was as follows:
	hitral Heart Ili sease
(a) Trade, profession, or particular kind of work.	
(b) General nature of Industry,	I dead
business, or establishment in which employed (or employer)	(Duration) yrs mos ds
9 BIRTHPLACE (State or country) Im northon Tung	Contributory Crafsical Contifues Secondary
10 NAME OF Joeth Dicherson	(Signed) (Duration) yrs MALLY mos. ds
11 BIRTHPLACE OF FATHER (State or country) 12 Mailen NAME OF MOTHER	Mury 19, 1915 (Address) Premise at My
M 12 MAIDEN NAME //	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal.
a Wingoth Calling	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OF RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country)	At place in the of death yrs. mos. ds. State yrs. mos. ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
(Interment) Skilling di Chenan	Former or usual residence
(Address) Il Comulae lity, hick	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 1	Jan 1910
Filed May 29, 1915 Cutowill	20 UNDERTAKER ADDRESS
REGISTRAR	Merenson Ino brombe

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has applies to each and every person, irrespective of age. cated thus: been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekcepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tiou is very important, so that the relative healthfulmine, etc. material worked on may form part of the second For many occupations a single word or term on the who have no occupation whatever, write None. (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons But in many "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pncumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origiu; "Cansuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertakeu. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacetc., when a defiuite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report ample: Mcasles affectiou ueed not be stated unless important. ture of the Americau Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably "Contributory." The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for malig-Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (disease causing death), 29 ds.; "Exhaustion," For VIO-



RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

1 PLACE OF DEATH

6869

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

.....Ward)

[If death occurred to a hospital or institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemole Block SSINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH Moy 20 ,1915 (Moyh) (Day (Year) 17 HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH Sont finsel, 889 (Month) (Day (Year)	May 1 , 1915, to 3 may 30 , 1915, that I last saw h & alive on may 18 , 1915
7 AGE 36 yrs Sout Proved 1 dayhrs. ORmln.?	and that desth occurred on the date stated above, at
e occupation (a) Trade, protession, or particular kind of work	Extraustion
(b) General nature of Industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) 10 NAME OF FATHER Levin Modday 11 BIRTHPLACE OF FATHER (State or country) Maiden NAME OF MOTHER 13 BIRTHPLACE OF MOTHER OF MOTHER (State or country) Delowore	(Duration) yrs mos ds. Contributory Secondary (Doration) yrs mos ds. (Signed) (Address) M. D. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 18 Length of Residents or Recent Residents At place in the of death yrs. mos. ds.
(Informant) (Address) (Address)	Where was disease contracted, it not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 2 2, 181
Filed 720, 1914 & Udden	20 UNDERTAKER ADDRESS AWKINGA Monning
If more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as For many occupations a single word or term on the tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid dneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." (Recommendations on statement of scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaccause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Mcastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably The contributory (secondary or intercurrent) may be stated under the head of For vio-



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WRITE

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist, No. [It death occurred in St .: .Ward) a hospital or institution, give its NAME instead of street and nomber.] FULL NAME PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE, MARRIED. WICOWEO, (Month) (Write the word) I HEREBY CERTIFY, TA DATE OF BIRTH (Month) (Day 7 AGE if LESS than and that death occurred on the date stated above, a 1 day,....hrs. The CAUSE OF DEATH* was as follows: OR min. ? 6 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER (Signed) 11 BIRTHPLACE ENT OF FATHER (State or country) the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-TAL, SUICIDAL, or HOMICIDAL. PARI 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTE, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) of death _____ yrs. _ Where was disease contracted, THE ABOVE IS If not at placa of death? osuai residence PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) 15 ADDRESS Filed_ REGISTRAR

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If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

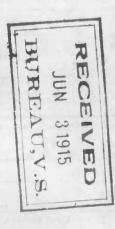


[Approved by U. S. Census and American Public Health Association.]

mine, etc. Women at home, who are engaged in the cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the disease of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry, and therefore an first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Never return "Laborer," (b) Cotton mill; (a) Salesman, "Foreman,"

Statement of cause of death—Name, first, the disease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";): Typhoid fever (never report "Typhoid pneumonia"); Lobar pneymonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

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CERTIFICATE OF DEATH Registration Dist. OCCUPATION St.;....Ward) izabeth Ford MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 18 DATE OF DEATH 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED, (Month) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from 17 6 DATE OF BIRTH classified. (Month) (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day, hrs. The CAUSE OF DEATH * was as follows: properly BOCCUPATION (a) Trade, profession, or particular kind of work. supplied. may be (b) General nature of industry, business, or establishment in which employed (or employer) Contributory. certificate. 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER (Signed) 0 back ARENTS 11 BIRTHPLACE terms, OF FATHER (State or country *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME piain OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE 0 Af place in the OF MOTHER (State or country of death yrs. mos. ds. · Sfafe yrs. of infor Where was disease confracted. If not at place of death? Former or Every Item CAUSE OF usual residence. Important. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS 8 REGISTRAF If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

PLACE OF DEATH

STATE OF MARYLAND

If death occurred in

a hospital or institution.

give its NAME instead of street and number.]



[Approved by U. S. Census and American Public Usaith
Association.]

CAUSING DEATH, state occupation at beginning of illwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples For persons

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage. as "PUERPERAL septichae sepsis, tctanus) dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. etc., when a definite disease can be ascertained as the ture of the American Mcdical Association.) cause of death approved by Committee on Nomencia-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vic-"Hart fallure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Measles (disease causing death), 29 valvular heart disease; Ohronic interstitial nephritis Accidental drowning; Struck by railway train—acci-Bronchopncumonia (secondary), 10 ds. affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of __ is less definite; avoid use of "Tumor" for mails The contributory (secondary or intercurrent) "PUERPERAL peritonitis," etc. "Old Age," "Shock." 'Traemia," "Weakness," Always qualify all diseases resulting from "Senile," etc.), may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can State cause for Never report Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

03/13/3038 9/6/8/3038 tated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very

RECORD

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should be stated EXACTLY.

AGE

DEATH in plain terms, so that it may be properly classified.

See instructions on back of certificate.

carefully supplied.

1 PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

Gounty	Registration Dist. No. 26/
	St.; Ward) [If death occurred in a hospifal or institution, give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH Story 26, 1915 (Moneti) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
DE 26 , 1839 (Month) (Day (Year)	May 95 , 1915 , to 2007 26 , 1915 , that I last saw h manalive on 22007 25 , 1915
75 yrs 5 mos ds OR min. ?	and that death occurred on the date stated above, at
B OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in	(Duration) yrs. mos. / ds.
9 BIRTHPLACE (State or country)	Contributory Garalyses Secondary (Duration) yrs mos ds.
10 NAME OF FATHER LSOAR Yrun	(Signed) 43 ale., M. D. 5/27, 1915 (Address) 2 ranion med.
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER Dolly Loul first 13 BIRTHPLACE	State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and '(2) whether Accidental, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) Af place in the
OF MOTHER (State or country) formers to ko 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	Af place in the of death yrs. mos. ds. State yrs, mos. ds. Where was disease contracted, if nof at place of death?
(Address) Marion 15 Filed 7/27, 191 J F 2 adam	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illgainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

cause. Always qualify all diseases resulting from valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaectc, when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vio-The contributory (secondary or intercurrent)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BURISAU,V.S.

UNFADING INK

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT 4 2 THIS PLAINLY, WITH

1	1 PLACE OF DEATH	STATE OF MARY	LAND
C	ounty Somerant 6812 0	CERTIFICATE OF Registration Dist.	7,1
v	illage or City Oriole (No	fastugs St; Ward)	[If death occurred a hospital or institution give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DE	EATH
3 51	4 COLOR OR RACE SINGLE, MARRIED, WIOOWED, OR ON CORCED (Write the word)	16 DATE OF DEATH May (Month)	16 ,1916 (Day) (Year)
6 D	ATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended to the I last saw here alive on May	ended deceased from 1915
TA		and that death occurred on the date stated about the CAUSE OF DEATH * was as follows:	ive, at 4.15 m
(a) pa (b) bus	CCUPATION Trade, profession, or ricular kind of work	Replection 2 y	rs. mos. ds
	IRTHPLACE tate or country) Glouster Pa	Contributory Syncafal (Secondary)	
	1D NAME OF James Pattan	(Signed) Delice 3 /	Caby, M. D
ARENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in d CAUSES, state (1) MEANS OF INJURY; and (2)	leaths from VIOLENT) whether ACCIDEN-
PAR	13 BIRTHPLACE OF MOTHER (State or country) Philadelphia Pa.	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTORMED IN THE CONTROL OF	
147	(Informant) Col Hauseing	Where was disease contracted, If not at place of death? Former or usual residence	
15 FI	led May 17 1915 Affinial	Tomerica ann mot	DRESS
	REGISTRAR	O Walson V	o derny me

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1

No. ŝ

N. B.



[Approved by L. S. Census and American Public Health Association.]

ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of ilishould be taken to report specifically the occupations who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons been changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not pald Housekeepers mine, etc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. uaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salcsman, (b) Statement of occupation-Precise statement of occupa-Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing fraction with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, peritonaeum, etc.. Carcinbasis of lungs, meninges, peritonaeum, etc..

injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. State cause for "Collapse." "Coma," "Convuisions," "Debility" ("Conaffection need not be stated unless important. ture of the American Medicai Association.) cause of death approved by Committee on Nomencia. "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarrlage, as "Puerperal septichueetc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenitai," "Seniie," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) tetanus) may be stated under the head of Aiways qualify all diseases resulting from (Recommendations on statement of (name origin; "Can Examples: For vio-



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RESERVED

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RECORD Exact statement PERMANENT stated EXACTLY. properly classified. 4 UNFADING INK-THIS IS AGE supplied. PLAINLY, WITH WRITE

PHYSICIANS should state of OCCUPATION is very See instructions on back of Every Item of Information CAUSE OF DEATH In pial Important.

1 PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

.Ward)

It death occurred in a hospital or institution, give Its NAME Instead ot street and number.]

DATE OF BURIAL

ADDRESS

2FULL NAME CROAN CO	Oct Mark		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
**SEX COLOR OR RACE SHNOLE; MARRIED, WIDOWED, WIDOWED, WIDOWED, (Write the word) **B DATE OF BIRTH COLL Find (Write the word) (Month) (Day (Year)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from 1912, to May that I last saw h 121 alive on May 7, 1912		
7 AGE If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 19.30 m, The CAUSE OF DEATH* was as follows:		
(a) Trade, profession, or Orosong Watchman particular kind of work (b) General nature of Industry, business, or establishment to which employed (or employer) Perturbage (State or country) Orceston Market Company Donceston Market Company Prosent	Contributory Advances Suchan Cologia Secondary (Buration) 3 yrs mos os.		
10 NAME OF FATHER SONT ICNOWN 11 BIRTHPLACE OF FATHER (State or eountry) South Known 22 Maiden Name OF Mother OF Mother	*State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.		
13 BIRTHPLACE OF MOTHER (State or eountry) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or Recent Residents) At place In the of death yrs, mos, ds. State yrs, mos, ds Where was disease contracted, If not at place of death? Former or		

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

usual residence.

20 UNDERTAKER

19 PLACE OF BURIAL OR REMOVAL



[Approved by U. S. Census and American Public Health Association.]

ness. If retired from business, that fact may be indiof persons engaged in domestic service for wages, as it should be used only when needed. As examples: additional line is provided for the latter statement; cases, especially in industrial employments, it is neewho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutles of the household only (not paid Housekcepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, (b) the nature of the business or industry, and therefore an essary to know (a) the kiud of work and also (b)Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first live will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite syuonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic scpsis, tctanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "l'uerperal peritonitis," etc. State eause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgeuital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Contheuia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably Bronchopneumonia (seeondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (Recommendations on statement of (disease causing death), 29 ds.; "Dropsy," "Exhaustion," Never report



PHYSICIANS should state of OCCUPATION is very

Exset statement

RECORD

PERMANENT be stated EXACTLY.

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of information should be carefully supplied. AGE should be side DEATH in plain terms, so that it may be properly classified.

Item E OF

N. B.—Every Item CAUSE OF Important.

15

See Instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK-THIS IS

1 PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

			3/1
Registration	Dist.	No.	16/

.Ward)

[If death occurred in a hospital or institution, give its NAME Instead of sfreet and nomber.]

	PERSONAL AND STATISTICAL PARTICULARS	1
3 51	Slock Slock Single, MARRIED, WIDOWED, ORDIVORCED Widowal (Write the word)	16 DATE O
6 D	TE OF BIRTH	may
	ofr 12,1867	that I last s
7 A	(Month) (Day (Year) If LESS than 1 day,hrs. ORmin.?	and that de
(a) pa (b) bus	CCUPATION Trade, profession, or ticular kind of work General nature of industry, iness, or establishment in ch employed (or employer)	
	RTHPLACE (State or country) Wosenley Co	Contribu Seconda
PARENTS	10 NAME OF FATHER Alony Ploeum 11 BIRTHPLACE OF FATHER (State or country) Workster Country 12 MAIDEN NAME OF MOTHER ALONG Schools 13 BIRTHPLACE	*State CAUSES, STAL, SUIC
	OF MOTHER (State or country) Was alor to HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) 2200,	Af place of death

/			
16 DATE OF DEATH	may	9	. 1915-
	(Month)	(Day	(Year)
17 I HEREBY	CERTIFY, That	I attended de	ceased from
may 9	915, to 22	ray 9.	, 1915
that I last saw h ai		/	, 1915
and that death occurred o	on the date state	d above, at	1 P, m
The CAUSE OF DEATH*			
Vas	oliais	AN	non
		V	1
	(Duration)	yrsn	2b8C0
Contributory	rolys	,	
	(Ouralion)	yrs	nosds
20	13/10	0 ' ' .	((v)
(Signed)	Juce	en,	, м. р
3/10 1915	Bal Address) 32	zazion	mo
AStata the Drawing C	D		7
*State the DISEASE C CAUSES, state (1) MEA TAL, SUICIDAL, OF HOME	NS OF INJURY;	and (2) wheth	er Acciden
18 LENGTH OF RESIDEN	CE (FOR HOSPITAL	s, Institutions,	TRANSIENTS
OR RECENT RESIDENTS)	In the		
of death yrs mos.	ds. State	yrs	mos- ds
Where was disease contracted, if not af place of death?	3.		
Former or usual residence			
19 PLACE OF BURIAL OF	REMOVAL	DATE OF B	
Waters C.	hubel	3//	/ 191 V
20 UNDERTAKER	/	ADDRESS	

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR





[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: Civil engineer, Stationary froman, etc. But in many For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death of time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) -Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite): Tuberculcists of lungs, meninges, peritonaeum, etc., Carcin-

oma, Sarcoma, etc., of..... (name origin; "Can sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of mia," "PUERPERAL peritonitis," etc. childbirth or misearriage as "Puerperal septichaccause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for maligcause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., IENT DEATHS state MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (seeondary), 10 ds. Never report ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. The contributory (secondary or intercurrent) State cause for For VIO-



No. eci A∵ Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERMANENT RECORD 4 UNFADING INK-THIS IS WRITE PLAINLY, WITH m ż

Village or City Beaton (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St.; Ward) [If death occurred in a hospitel or lostitution, give its NAME lostead
* FULL NAME	of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE MARRIED, WIDOWED, OR ONVORCED (Write the word)	(Mopth) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day) (Year)	that I last sawh alive on he date stated above, at m.
mos, 8 ds. or min.? **COCUPATION* (a) Trade, profession, or perticular kind of work. (b) General nature of industry.	The CAUSE OF DEATH* was as follows:
business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory (Secondary) (Duration) yrs mos ds.
10 NAME OF FATHER Correct Jones, 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER Space Clay Cox	(Signed)
OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) Oct.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs, mos, ds.
Informant) Oscar Olyanda (Address) Waster	Where was disease contracted, If not at piece of death? Former or Usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed \$126th 1915-J. I Snite REGISTRAR	Ver Weston May 26, 191.6? 20 Juni Dertaker Weston ADDRESS Weston
If more blanks are needed, address State Registran	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health
Association.]

(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The first line will be sufficient, e. g., Farmer or Planter, who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causino death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of tungs, meninges, peritonaeum, etc.. Carcin

ture of the American Medical Association.) "Contributory." sepsis, tetanus) may be stated under the head of such, if impossible to determine definitely. which surgical operation was undertaken. mia," "PUEBPERAL peritonitis," etc. childbirth or miscarriage, as "Purspersal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as -Hart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis mant neoplasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of _ The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can State cause for "Exhaustion," Examples: For vio-



V. S. No. 1.

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Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD 2 WRITE PLAINLY, WITH UNFADING INK-THIS N. B.

1 PLACE OF DEATH 6815 County Somersel	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 260
Village or City mices Chine (No	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male) 4 COLOR OR RACE MARRIED, WHOWER, WHOWER	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
Mushorn, 1	Mory M. 1915, to Mory J. 1915,
7 AGE (Month) (Day (Year) 1 If LESS than t day,hrs. 2 yrs. mos. ds. ORmin.?	and that death occurred on the date stated above, at 730 ft.m. The CAUSE OF DEATH* was as follows:
(a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Onne set & Med	Contributory Recurrence (Buration) yrs mos ds. (Buration) yrs mos ds.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	(Signed) As Lo Loddess) M. D. M. D. State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVERS TRUE TO THE BEST OF MX KNOWLEDGE (Informant) 14 LULLION 15 MAY LULLIUM 16 MAY LULLIUM 17 MAY LULLIUM 18 MAY LULLIUM 18 MAY LULLIUM 19 MAY LU	18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State yrs. mos. ds Where was disease contracted, if not at place of death? Former or
(Address) mices and My 16 Filed May 155, 191 5 7 Sinch REGISTRAR	19 PLACE OF BURIAL OR REMOVAL Tormero Cum and May 1, 1915. 20 UNDERTAKER COULLON BURIAL ADDRESS BURIAL ADDRESS BURIAL PARTICIPATION PARTICIPATION



5

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

mine, ete. who have no occupation whatever, write Nonc. cated thus: CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupatious gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and ehildren, not who receive a defiuite salary), may be entered as duties of the household only (not paid Housekeepers tication as Day taborer, Farm taborer, Laborer-Coul "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobite factory. (a) Spinner, (b) Cotton mitt; (a) Salesman, (b) it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Ptanter, For many occupatious a single word or term on the applies to cach aud every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persous

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite syuonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ehildbirth or miscarriage as "Puerperal septichaenus," "Old Age," "Shock," "Uraemia," "Weakness," valvular heart disease; Chronic interstitiat nephritis, nant neoplasms); Meastes; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "PULKPERAL peritonitis," etc. State eause for etc., when a defiulte disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." schsis, tctanus) may be stated under the head by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vio-Bronchopneumonia (secondary), 10 ds. The coutributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes "Senile," etc.), (Recommendations on statement of (disease eausing death), 29 ds.; "Dropsy," "Exhaustion," Never report



of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very

See instructions on back of certificate.

CAUSE OF I

N.B.

RECORD

PERMANENT

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UNFADING INK-THIS IS

WRITE PLAINLY, WITH

1 PLACE OF DEATH

unty Somerset



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 262

Village or City Dames Justino

St.;----Ward)

[It death occurred la a hospital or lostitution, give its NAME lostead of street and nomber.]

*FULL NAME Bettie a. Mr Darman

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
G DATE OF BIRTH 4 COLOR OF RACE MARRIED, WIDOWED, ORDIVORCED (Ill rite the structure) (Month) (Day (Year)	16 DATE OF DEATH May 23, 1912 (Month) (Day (Year) 17 I HEREBY CERTIFO, That I attended deceased from Alang 21, 1912, to May 23, 1913; that I last saw here alive on Man (23, 1915;
TAGE It LESS than 1 day,hrs. ORhrs. OR	and that death occurred on the date stated above, at 8 P, m, The CAUSE OF DEATH* was as follows: Aprila
(b) General nature of indostry, business, or establishment in which employed (or employer) **BIRTHPLACE** (State or country) **Samurate** **Country** **Count	Contributory Dissolu of Stomach Secondary (Ouration) yrs mos ds.
11 BIRTHPLACE OF FATHER (State or country) Somewhat Country of Mother Of Mot	(Signed) C. P. S. (Address) & Law May 24 , 1915' (Address) & Law Meaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
OF MOTHER Rebetts White 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY MNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs. mos. ds. State yrs. mos. ds Where was disease contracted,
(Interment) Wt Me Various (Address) Dames Charles W	If not at place of death? Former or USUAl residence PLACE OF BURIAL OR REMOVAL DATE OF BURIAL May 25 1915
Filed Ma 25, 191 5 W Rells REGISTRAR If more blanks are needed, address State Regist	20 UNDERTAKER LEGISLE Trans 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

eated thus: Farmer (retired 6 yrs.) For persons gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necwho have no occupation whatever, write Nonc. causing pears, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of ago. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing neath (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) *Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mere symptoms or terminal conditions, such as "Asnant neoplasms); Meastes; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligwhich surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; oma, Sarcoma, cte., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." (Recommendations on statement of sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as cause. Always qualify all diseases resulting from "Heart failure," "Hacmorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, The contributory (secondary or intercurrent) "Exhaustion,"



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WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	to CAUSE OF DEATH in plain terms, so that it may be properly classified. E
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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. If death occurred in Ward) a hospital or institution. give its NAME Instead of street and number." ² FULL NAME PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE, 16 DATE OF DEATH MARRIED. WIDOWED OR DIVORCED (Write the word) (Manth) (Day) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH 10 9151 (Day) (Year) alive on 7 AGE If LESS than and that death occurred on the date stated above, atm. 1 day, hrs. The CAUSE OF DEATH * was as follows: OR min. ? OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry business, or establishment in (Buration) yrs. mos. which employed (or employer) 9 BIRTHPLACE Contributory (State or country) Secondary 10 NAME OF FATHER Signad) 11 BIRTHPLACE RENT OF FATHER *State the DISEASE CAUSING DEATH, Or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, (State or country) 12 MAIDEN NAME PA OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE (State or country) At place In The of death State,yrs. Where was disease contracted, 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE If not at place of death?. Former or (Informant) DATE OF BURIAL OR REMOVAL (Address' 11 1915 15 20 REGISTRAR

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.



[Approved by U, S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired & yrs.). For persons who have no occupation whatever, or given up on account of the nisease causing neath, engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be write None. state occupation at beginning of illness. Housemaid, etc. If the occupation has been changed wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House--Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. precise specification as Day loborer, Farm loborer, Loborer mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of oecupa-The material worked on may form part If retired from The question (b) Auto-

Statement of Cause of Death—Name, first, the Insease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations and eonsequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably Struck by SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths birth or miscarriage as "PUERPERAL septichucmia," etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conrent) affection need not be stated unless important. ges, perilonacum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of to determine definitely. Examples: Accidental drowning "PUERPERAL perilonitis," etc. eause. "Heart failure," "Hacmorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronnephritis, etc. cough; Chronic valvular heart disease; Chronic interstitiol "Tumor" for malignant neoplasms); Measles; Whooping Always qualify all diseases resulting from childrailway The contributory (secondary or intercurtrain-accident; Revolver wound of State cause for which Never report mere "Exhaustion," ACCIDENTAL,



WRITE PLAINLY, WITH UNFADING INK-THIS IS

Every Item of information should be carefully su CAUSE OF DEATH in plain terms, so that it mi Important. See instructions on back of certificate.

carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state that it may be properly classified. Exact statement of OCCUPATION is very

RECORD

A PERMANENT

PLACE OF DEATH

6818

(No.....

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 26/

St.;-----Ward)

[It death occurred in a hospital or Institution, give Its NAME Instead ot street and nomber.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, WIDOWED, OR DIVORCED (IVrite the work) 6 DATE OF BIRTH (Month) (Day (Year)	16 DATE OF DEATH
Stell Bon If LESS than 1 day,hrs. 9 OCCUPATION OR MIN.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH * was as follows:
(a) Trade, protession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF FATHER LOW MULES 11 BIRTHPLACE OF FATHER (State or country) 12 MAID ON NAME OF OF MOTHER OT MOTHER OF MOTHER OT MOTHER OF MOTHER OT MOTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER OT MOTHER OF MOTHER OT M	(Signed) (Signed) (Signed) (Signed) (Signed) (Address) (Address) (State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE REST OF MY KNOWLEDGE (Informant) (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State yrs, mos. ds Where was disease contracted, If not at place of death? Former or usual residence.
(Address) Manin Filed 17 191V 7 J. adam	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNGERTAKER ADDRESS ADDRESS

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

of Whillington

V. S. No. 1.

N. B.



[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day luborer, Farm luborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is ance-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the disease Housewife, Housework, or At Home, and children, not first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write Nonc. (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causino death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corchrospinal fever (the only definite synonym is "Epidemic eere-brospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

childbirth or misearriage as "Puerperal septichaemia," "Puerperal peritonitis," etc. State cause for affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic "Contributory." injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomus," "Old Age," "Shoek," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Scuile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "Ascer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenciascpsis, tctanus) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably etc., when a definite disease can be ascertained as the Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; may be stated under the head of (Recommendations on statement of "Dropsy," "Exhaustion," Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU, V.S.

PHYSICIANS should stafe of OCCUPATION Is very

Exact statement

may be properly classified.

CAUSE OF Important.

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No. 02 stated EXACTLY.



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

St.;....Ward)

[If death occurred in a hospifal or institution, give its NAME instead of streef and nomber.]

* FULL NAME	
PERSONAL AND STATISTICAL PARTICULARS	. MEDICAL CERTIFICATE OF DEATH
GRIVERGED 4 COLOR OR RACE 5 SINGLE, MARRIED, WHOWED: GRIVERGED (Write the word)	(Month) (Day (Year)
6 DATE OF BIRTH	1 HEREBY CERTIFY, That I attended deceased from
Mar 10th	11/4/8, 1915, to May 10, 1915
(Month) (Day (Year)	that I last saw he allve on 200 date, 191
7 AGE If LESS than	mid that death occurred on the date stated above, at
yrs mos ds. OR min. ?	The CAUSE OF DEATH* was as follows:
GOCCUPATION	122
(a) Trade, profession, or particular kind of work.	Marry Elm
(b) General nature of industry.	William
billness, or establishment in which employed (or employer)	(Duration) vrs. X mos X ds
9 BIRTHPLACE	
(State or country)	Secondary
10 NAME OF	(Duraflon) yrs mos ds
FATHER Alum N Mustin	(Signed) Y Clean M. D.
11 BIRTHPLACE	May 11, 1915 (Address) Deces Inc.
OF FATHER (State or country) Viels Teles	*State the DISPASE CAUSING DRIVER OF In death &
M 12 MAIDEN NAME	CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-
OF MOTHER MAN Charile	18 LENGTH OF RESIDENCE (FOR HOSPITALS INSTITUTIONS TO
13 BIRTHPLACE OF MOTHER	OR RECENT RESIDENTS) At place in the
(State or country)	of death yrs mos ds. State yrs mos ds
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease confracted, If not af place of deafh?
(informant) Miles D. Moster	Former or
St. opentia	usual residence
(Address)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
6 11 the E	Nexts Island May 10, 181 5
Filed May 11, 1815 Oddie Leit Leit	20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulshould be taken to report specifically the occupations duties of the household only (not paid Housekeepers additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomo. The engineer, ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Déaler," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, If the occupation has Farmer or Planter, "Foreman,"

Statement of cause of death—Name, first, the disease causing dearth (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic childbirth or mlscarriage as "Puerperal septiehaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the ample: Measles (disease causing valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sareoma, etc., of..... (name origin; "Canmia," "PUERPERAL peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inapitiop," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asaffection need not be stated upless important. cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as genital," "Senile," etc.), thedia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. The contributory (secondary or intercurrent) (Recommendations on statement of "Dropsy," death), 29 ds.; "Exhaustion," For vio-



V. S. No. 1.

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE

OF DEATH Registration Dist. No.

[if death occurred in a hospital or institution, give its NAME instead of street and number.]

B DATE OF BIRTH Company Control Control	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
DATE OF BIRTH Company Contributory Contribut	Te a MARRIED, Man	191.
and that death occurred on the date stated above, at [1] day,hrs. OR min.? **OCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of indostry, business, or establishment in which employed (or employer) **BIRTHPLACE (State or country) Doncessel 6., Md, 10 NAME OF FATHER Calward Desting. (Signed) (Signed) (Address) Called above, at [2] and that death occurred on the date stated above, at [2] and that death occurred on the date stated above, at [2] and that death occurred on the date stated above, at [2] and that death occurred on the date stated above, at [2] and that death occurred on the date stated above, at [2] and that death occurred on the date stated above, at [2] and that death occurred on the date stated above, at [2] and that death occurred on the date stated above, at [2] and that death occurred on the date stated above, at [2] and that death occurred on the date stated above, at [2] and that death occurred on the date stated above, at [2] and that death occurred on the date stated above, at [2] and that death occurred on the date stated above, at [2] and that death occurred on the date stated above, at [2] and the date occurred on the date stated above, at [2] and the date occurred on the date stated above, at [2] and the date occurred on the date occurred occurred on the date occurred oc	July 18th, 1872 (Month) (Day (Year)	17 HEREBY CERTIFY, That I attended deceased from 12 1915, to 2 4 4 15 1915
(a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Donnerset 6., Md. (Signed) (Signed) (Buration) (Buration) (Buration) (Signed) (Signed) (Address) (Address) (Address)	42 yrs 9 mos 27 ds. OR min.?	
business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Donnerset & Md, 10 NAME OF FATHER Edward Diesling. 11 BIRTHPLACE (Signed) (Signed) (Address) Circled (Address) Circled (Address) Circled	(a) Trade, protession, or Avusewife	Self- Liggfeld's C
10 NAME OF Edward Sterling. (Signed) RR Voris MOS. 11 BIRTHPLACE M. (Address) Circled	business, or establishment in which employed (or employer)	
11 BIRTHPLACE OF FATHER (State or country) Marylacked *State the DISEASE CAUSING DEATH OF the deaths from Your	10 NAME OF E	(Buration) yrs mos ds
CAUSES, State (1) MEANS OF INJURY; and (2) whether Accin	(State or country) / Mary Lacked	*State the DISEASE CAUSING DEATH, Or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY: and (2) whether Accura-
18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIES OF MOTHER OF MOTHER OF MOTHER	13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place
OF MOTHER (State or country) Many Cocold of death yrs. mos. 2 ds. State from the Best of My Knowledge (Informant) former or former or	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, of house
(Address) Cristical Md, Usual residence Usual Period of Burial Or Removal Date of Burial	(Address). Cresfield, Md.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed May 15, 1915 The Could Oll 29 INDESTANTS REGISTRAR ADDRESS Crofield If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto, Requesting V. S. No. 1	REGISTRAR	J. Lawron Cusheld



[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to caeh aud every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulminc, etc. fication as Day laborer, Farm taborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobite factory. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Ptanter, who have no occupation whatever, write None. been changed or given np on account of the disease should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the honsehold only (not paid Housekeepers (a) Spinner, (b) Cotton mitl; (a) Satcsman, (b) eated thus: CAUSING DEATH, state oecnpation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman," The

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and cansation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite syuonym is "Epidemic ecrebrospinal meniugitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, poritonaeum, etg.; Carcin-

mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anacmia" (merely symfitomatic); "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. vatvutar heart disease; Chronic interstitial nephritis. nant neoplasms); Meastes; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can-LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Tuerperal septichaeetc., when a definite discase can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (seeondary), 10 ds. such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viocause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., sepsis, totanus) may be stated nuder the head of by carbotic acid-probabty suicide. dent; Revolver wound of head-homicide; Poisoned Accidentat drowning; Struck by raitway train-acciture of the American Medical Association.) ".Contributory." The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease eausing death), 29 ds.; "Senile," etc.), may be stated nuder the head of (Recommendations on statement of "Dropsy," "Exhaustlen," The nature of the Never report



Very

PHYSICIANS should of OCCUPATION IS

be properly classified. Exact statement

that it may

9

DEATH in plain terms.

See instructions on back of certificate.

Important.

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Filed May 22, 1915

RECORD

A PERMANENT stated EXACTLY.

FOR BINDING

RESERVED

MARGIN

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No.

S	t.;	Ward)	
_		/	

[If death occurred is

FULL NAME Lasie Leo	a mospitar of institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female Phit Single, Wisomes, One of the word)	16 DATE OF DEATH May 20, 1915 (Month) (Day (Year)
TAGE Comparison of the first	17 I HEREBY CERTIFY, That I attended deceased from May 12 1915, to May 20 1915, that I last saw her alive on May 20 1915, and that desth occurred on the date stated above, at 4 m, The CAUSE OF DEATH* was as follows:
e occupation (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which amployed (or employer) BIRTHPLACE (State or country)	Contributory Wressix Conval tions
10 NAME OF FATHER Jalu Sylvister Muin 11 BIRTHPUACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed)
of Mother Saral Elizabeth Sideson 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
(Address)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Os 10 May 10 101

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto, Requesting V. S. No.

WRITE PLAINLY, WITH UNFADING INK-THIS IS AGE carefully supplied. Every item of information should be CAUSE OF DEATH in plain terms, s

S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfuily employed, as At school or At home. who receive a definite salary), may be entered as additional live is provided for the latter statement; who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specistatemeut. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcinpneumonia"); Lobar pneumonia; Bronchopneumonia brospiual meningitis"); Diphtheria (avoid use of term for the same disease. Examples: Cerebrospinal "Croup";) fever (the only definite synonym is "Epidemic ceretlme and causation), using always the same accepted CAUSING DEATH (the primary affection with respect to Statement of cause of death-Name, first, the DISEASE Typhoid fever (never report "Typhoid

> such, if impossible to determine definitely. Examples: mia," "Puerreral peritonitis," etc. State cause for childbirth or misearriage as "Puerperal scptiehae-"Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (name origin; "Can-Never report

If this certificate is looked over thoroughly and all ques-



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very

See instructions on back of certificate.

of information

N. B.—Every Item CAUSE OF Important.

OF

RECORD

1 PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 26/

St.: Ward)

Muddex

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

amount

	FULL NAME	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	EX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDDWED, ORDIVORCED (Write the word)	16 DATE OF DEATH May 15 1915 (Month) (Day (Year)
6 D	Thor, 2 ,868 (Month) (Day (Year) 1 1 1 1 1 1 1 1 1	17 I hEREBY CERTIFY, That I attended decessed from 200 8 1915 to 200 15 1915 that I last saw have alive on 200 14 1915 and that death occurred on the date stated above, at 42 m,
(a	CCUPATION) Trade, protession, or ricular kind of work) Generat nature of industry.	The CAUSE OF DEATH* was as follows: Acut West
bus	iness, or establishment in ich empioyed (or employer) IRTHPLACE (State or country) ONAME OF FATHER	Contributory Chronic Parenetry motors Secondary mephritis (Duration) by set front ds. (Signed) Lawaller M. D.
PARENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
	13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos ds. State yrs, mos ds Where was disease contracted,
	(Interment) Horry W. Parks (Address) Farmount Ind	If not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16	1115 ml - 2 J. Cedens	20 UNDERTAKER ADDRESS

REGISTRAR

If more blanks are needed, address State Registrar, & E. Franklin St., Balto., Requesting V. S. No. 1.

V. S. No. 1.



[Approved by U. S. Censns and American Public Health Association.]

statement. Never return "Laborer," cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ili-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the disease it should be used only when needed. As examples: first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the (b) Cotton mill; (a) Salesman, "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";): Typhoid fever (never report "Typhoid dineumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

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RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT carefully supplied. See instructions on back of certificate. N. B.—Every item of information should be CAUSE OF DEATH in plain terms, s DEATH in plain terms, Important.

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1 PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No.

Ward)

[If death occurred to a hospital or institutioe, give Its NAME Instead of street and nombor.]

DATE OF BURIAL

ADDRESS

PER	SONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX	4 COLOR OR RACE 6 SINGLE, MARRIED, WIDDWED, DRDIVERCED (Write the word)	16 DATE OF DEATH May 4, 1915. (Month) (Day (Year)
8 DATE OF BI		that I last saw him alive on A. 28 , 1915.
7 AGE	33- yrs — mos 28 ds. If LESS than 1 day, hrs. OR min. ?	and that death occurred on the date stated above, at
(a) Trade, protes particular kind o (b) General natu business, or es which employed (State or	slan, or t work	(Duration) yrs 6 mos ds. Contributory English and Secondary Externation (Doration) yrs mos ds.
Z (State	PLACE ATHER e or country) IN NAME ATTEMPT AND A TOTAL AND A TOTA	(Signed) (No. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.
13 BIRTH OF MC (State	PLACE OTHER OT COUNTRY) E IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALE, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE (FOR HOSPITALE, INSTITUTIONS, OR

usual residence

If more bianks are needed, address State Registrar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

REGISTEAR

BURIAL OB, REMOVAL

V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the disease Grocery; (a) Foreman, (b) Automobile factory. Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing defection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid diseumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereucsis of lungs, meninges, peritonaeum, etc., Carcin-

scpsis, tetanus) may be stated under the head of such, if impossible to determine definitely. Examples: mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, aant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can-"Contributory." LENT DEATHS state MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomenclaby earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report For VIO-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JUN 4.1915
BUREAU, V.S.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N.B.

STATE OF MARYLAND County Domeral Earl Princes Interest Mary Deep CERTIFICATE OF DEATH Registration Dist, No. 26 5 FULL NAME Mad Named PERSONAL AND STATISTICAL PARTICULARS PARTICULARS PERSONAL AND STATISTICAL PARTICUL	0005	
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VIIIage or City Galem (No. St.: Ward) PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS SEX *COLOROR RACE *SHINGE, SIMPLE, SIMPLE, WINDOWS, WIND	County 20 11000 Can I renews Fr	7/1
PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS SEX **COLOR OR RACE **Since.t., Stuple **Since.t., Stu	Village or City Eden (No	St.; Ward) [if death occurred in a hospital or institution,
Female White Strates and that last saw here alive on the date stated above, at 2 man that death occurred on the date stat	2 FULL NAME Nat named	of street and nomber.]
## Age Month May Month M	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
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TAGE (Monch) (Day (Year) (Monch) (Day (Year) It less then I day, hrs. OR. min.? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which amplyced (or employer) BIRTHPLACE OFFATHER (State or country) 12 MAIDEN NAME OF OFFATHER OF	6 DATE OF BIRTH M	man of the man to
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Collen Som at Mot. 10 NAME OF FATHER Starry S, Smith 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF CAUSEN STATE (1) MEANS OF INJURY; and (2) Whether Accident CAUSES, state (1) MEANS OF INJURY; and (2) Whether Accident CAUSES, state (1) MEANS OF INJURY; and (2) Whether Accident CAUSES, state (1) MEANS OF INJURY; and (2) Whether Accident CAUSES, state (1) MEANS OF INJURY; and (2) Whether Accident CAUSES, state (1) MEANS OF INJURY; and (2) Whether Accident CAUSES, state (1) MEANS OF INJURY; and (2) Whether Accident CAUSES, state (1) MEANS OF INJURY; and (2) Whether Accident CAUSES, state (1) MEANS OF INJURY; and (2) Whether Accident CAUSES, state (1) MEANS OF INJURY; and (2) Whether Accident CAUSES, state (1) MEANS OF INJURY; and (2) Whether Accident CAUSES, state (1) MEANS OF INJURY; and (2) Whether Accident CAUSES, state (1) MEANS OF INJURY; and (2) Whether Accident CAUSES, state (1) MEANS OF INJURY; and (2) Whether Accident CAUSES, State (1) MEANS OF INJURY; and (2) Whether Accident CAUSES, State (1) MEANS OF INJURY; and (2) Whether Accident CAUSES, State (1) MEANS OF INJURY; and (2) Whether Accident CAUSES, State (1) MEANS OF INJURY; and (2) Whether Accident CAUSES, State (1) MEANS OF INJURY; and (2) Whether Accident CAUSES, State (1) MEANS OF INJURY; and (2) Whether Accident CAUSES, State (1) MEANS OF INJURY; and (2) Whether Accident CAUSES, State (1) MEANS OF INJURY; and (2) Whether Accident CAUSES, State (1) MEANS OF INJURY; and (2) Whether Accident CAUSES, State (1) MEANS OF INJURY; and (2) Whether Accident CAUSES, State (1) MEANS OF INJURY; and (2) Whether Accident CAUSES, State (1) MEANS OF INJURY; and (2) Whether Accident CAUSES, State (1) MEANS OF INJURY; and (2) Whether Accident CAUSES, State (1) MEANS OF INJURY; and (2) Whether Accident CAUSES, State (1) MEANS OF INJURY; and (2) Whether Accident CAUSES, State (1) MEANS OF INJURY; and (2) Whether Accident CAUSES, State (1) MEANS OF INJURY; and (2) Whether Accident CAUSES, State (1) MEANS OF INJURY; and (2) Whether Accident CAUSES, S	9 BIRTHPLACE	Contributory
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13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) (Add	State or country) Salisbury Mol.	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) (Ad	of MOTHER Bertha & Ruell	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS TRANSPARE
Where was disease contracted, if not at piace of death? Former or usual residence (Address) Calen Mal. The farsons been. Salisbury May 16th, 1915.	OF MOTHER '/ '// / // '//	At place In the
(Address) Eden Md. [Address] Eden Md. [Address] Former or usual residence [19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL [16] The Persons Cem. Salisbury May 16th, 1915. [20 UNDERTAKED]	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
(Address) Eden Md. 18 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 16 The Persons Cem. Salisbury May 16th, 1915.	(Informant) Harry S. Smith	Former or
20 UNDERTAKER / Medan paren	(Address) Eden Md.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
19/ M) '04 - 0	Fred Mby 17 of 1915 - 9 Jamile	
If more blanks are needed, address State Registrar, 6 E. Franklin St. Balto, Requesting V. S. No. 1.		

I mol.



[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. Care who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Forcman," Farmer (retired 6 yrs.) For persons

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) 3Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

childbirth or miscarriage as "Puerperal septiehaccause. Always qualify all diseases resulting from ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Scuile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomcncla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of death), 29 ds.; For VIO-



	RECORD	PHYSICIANS should state of OCCUPATION is very
V. S. No. 1.	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
		-

County County	STATE OF MARYLAND CERTIFICATE OF DEATH Peristration Dist No. 260
Village or City Prices Den(No	Registration Dist. No. St.; Ward) [If death occurred in a hospifal or institution, give its NAME instead of streef and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH 37, 1915 (Month) (Day (Year)
7 AGE (Year) 7 AGE (Year) 7 AGE (Year) 7 AGE (Year) 1 LESS than 1 day,hrs. or	and that death occurred on the date stated above, at
which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 CFATHER (State or country)	Contributory Secondary (Buration) yrs mos ds (Signed) Jay 1915 (Address)
12 MAIDEN NAME OF MOTHER Louisa Bruckwale. 13 BIRTHPLACE OF MOTHER (State or country) New Goods	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the state of death yrs, mos, ds Where was disease confracted.
(Informant) (Address) (Address) (Address) (Informant) (Address) (Address)	If not at place of death? Former or USUAL residence. 19 PLACE OF BURIAL OR REMOVAL ADDRESS The Land Burial 20 UNDERTAKER ADDRESS Strar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," ctc., without more precise specistatement. Never return "Laborer," "Forcman," (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. Thu it should be used only when needed. As examples: additional liue is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: CAUSING NEATH, state occupation at beginning of illbecu changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Honsework, or At Home, and children, not minc, etc. material worked on may form part of the second Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Ptanter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Womeu at home, who are engaged in the Farmer (retired 6 yrs.) For persons

Statement of cause of death—Name, first, the disease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar menumonia; Bronchopneumonia ("Pneumouia," unqualified, is indefinite): Tubercu-lesis of tungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Meastes; Whooping cough; Chronic thenia," "Auaemia" (merely symptomatic), "Atrophy," affectiou ueed not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Cansepsis, tetanus) may be stated under the head of lnjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT NEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonilis," etc. State cause for childbirth or miscarriage as "Puerperal septichaectc., when a definite disease can be ascertalned as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Mcdical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," ctc.), (Recommendations on statement of "Dropsy," "Exhaustion," For vio-



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

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PLACE OF DEATH	STATE OF MARYLAND
county Somesoct	CERTIFICATE OF DEATH
County County	270
	Registration Dist, No.
Village or City Claus on W (No	St.; Ward) [If death occurred in
	give its NAME instead
FULL NAME FLOTGE	o. during of street and number.]
Sugarano	le Buth allways used Mothers many
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED,	16 DATE OF DEATH May 26, 1915
Male while ordivered word led	(Month) (Day (Year)
6 DATE OF BIRTH	17 Te HEREBY CERTIFY, That I attended deceased from
emprous 185	1 12 1 1915 to May 26 1915
(Month) (Day (Year	that I last saw h MM alive on May 24 - 1915
7 AGE	mid that death occurred on the date stated above, at
7 yrs mos ds OR min	INC GAUSE OF DEATH * Was as follows:
8 OCCUPATION 1. 0	Canew of the Bourse,
(a) Trade, profession, or Merchand	involving almost all
(b) General nature of industry. P. C. F.	of the avolominal
business, or establishment in Confessionary, ligar, which employed (or employer)	Carely _ (Quration) hote Browns
BIRTHPLACE (State or country) Manufound	Contributory / Whi
(State or country) /Maryland,	Secondary
10 NAME OF DATE OF TO THE PARTIES OF	(Duration) — yrs — mos — os.
Joseph William	(Signed), M. D.
of FATHER Manyland	1144 8,191 5. (Address) 10715 Fuld, Mg
(State or country) ///wwyxuuux	CACSES, State (1) MEANS OF INJURY; and (2) whether ACCIDEN-
of Mother Grand	The, bellebab, of Hosticibab.
13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
OF MOTHER (State or country) Manifland.	At plece in the of deeth yrs. mos. ds. State yrs. mos. ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
(Interment) Orace McCieally	If not at place of death?
(IIIII IIIIII)	usual residence
(Address) (Subgulation)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 managet 166 00.	asbury Courelly, May 29, 1915
Filed May 29, 191 Clab sellins	29UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

mine, etc. statement. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton milt; (a) Satesman, (b) it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b)Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthfulwho have no occupation whatever, write None. eated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," "Foreman," As examples:

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal medingitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is iddefinite): Tubercutsis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Meastes; Whooping cough; Chronic LENT DEATHS State MEANS OF INJURY and qualify as childbirth or misearriage as "Puerperal septichaecause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name orlgin; "Cansuch, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Juanitlon," "Marasgenital," scpsis, tctanus) injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. "Collapse," "Coma," "Convulsions," "Debility" ("Conture of the American Medical Association.) eause of death approved by Committee on Nomencladent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-"Contributory." is less definite; avoid use of "Tumor" for mallg-The contributory Mousles "Senile," etc.), may be stated under the head (Recommendations on statement of (disease causing death), 29 ds.; (secondary or intercurrent) "Dropsy," "Exhaustion," Never report For vio-



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PERSE OF BEATH	STATE OF MARTEAND
market of	CERTIFICATE OF DEATH
County	Registration Dist. No. 263
	Registration Dist. No.
Village or City MY Our (No.	St.; Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.]
FULL NAME	Kg:MMAMV
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	DATE OF DEATH MEAN 1915
francale Calored (Wite the word)	(Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
O'DATE OF BIRTH	700 - 11 700
May 11 1915	1015 to 1915
(Month) (Day (Year)	that I last saw h alive on
7 AGE If LESS than	and that death occurred on the date stated above, at
allelf t day,hrs.	The CAUSE OF DEATH* was as inlows:
SOCCUPATION YIS MOS OR MIN. ?	Stellborg- promature
(a) Trade, protession, or	Seith /
particular kind of work	27
(b) General nature of industry, business, or establishment in	Ouverland a gradular area, Ap
which employed (or employer)	(Duration) yrsmosds.
9 BIRTHPLACE (State or country)	Secondary
- Atracel Co	(Duration) yrs mos ds.
FATHER THE TELESTON	(Signell) A Barrier M. D.
IN 11 BIRTHIPLACE	May 18491 5 (Address) Kanana Com
11 BIRTH LACE OF FATHER (State or county) 12 MAIDEN NAME OF MOTHER	
ME 12 MAIDEN NAME A 7/	*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
a of Mother Wales	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE	or Recent Residents) At place in the
State or country) Coccert Co.	of death yrs mos ds. State yrs mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MYKNOWLEDGE	Where was disease contracted, If not at place of death?
(Informapt) to see chigher	Former or
Q (1.5%)	usbal residence
(Address Preserve Chair 9 44)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 1 (1/4 1)	160 Ulrun May 127915?
Filed May 12, 1915 Gwill Marsh	20 UNDERTAKER DOBESS
Local REGISTRAR	Hushelly Vero V Clean
If more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MADVIAND



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specithe nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive first line will be sufficient, e. g., Farmer or Planter, CAUSING DEATH, state occupation at beginning of ill-Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. statement. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," engineer,

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid dineumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritonacum, etc., Carcin-

such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichae-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State cause for Never report



V. S. No. 1.

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should be stated EXACTLY PHYSICIANS to be properly classified. Exact statement of f certificate. in plain terms, so that it ma -Every Item of information should be should state CAUSE OF DEATH in p OCCUPATION is very important. So

Village or Circleals Island No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 268 St.; Ward) [If death occurred in a hospital er institution,
² FULL NAME	Webster give its RAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single wight	16 OATE OF OEATH May 27, 1915 (Month) (Day) (Year)
DATE OF BIRTH MALL 27 1915	17 I HEREBY CERTIFY, That I attended deceased from , 191, 191, 191,
(Month) (Day (Year) 7 AGE if LESS than 1 day, hrs.	and that death occurred on the date stated above, at
yrs mos ds. OR mlo.? **Soccupation* (a) Trade, protession, or particular kind of work (b) General nature of industry business, or establishment in which employed (or employer)	Still-Birth (Ourstion) yrs. mos. do.
9 BIRTHPLACE (State or country)	Contributory Secondary (Burallon) yrs mes ds
10 NAME OF GALVARD Wellster 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF COUNTRY) 12 MAIDEN NAME OF COUNTRY OF MOTHER OF MOTHER OF COUNTRY	(Signed) 181 (Address & als Seland) *State the Dibrase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Surgidal or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs. mee. ds. Stale, yrs. mee. ds. Where was disease contrasted, If set all place of death?
(Informant)	Fermer of usual residence
(Address)	19 PLACE OF BURIAL OR REMOVAL OATE OF BURIAL

REGISTRAR

20 UNDERTAKER

ADORESS



[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day loborer, Farm laborer, Laborer mobile factory. The material worked on may form part of the second statement. Never return "Laborer," mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Colton is provided for the latter statement; it should be used business or industry, and therefore an additional line especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age ness of various pursuits can be known. Housemaid, etc. If the occupation has been changed "Foreman," "Manager," "Dealer," etc., without more know (a) the kind of work and also (b) the nature of the write None. For many occupations a single word or term on the -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupais very important, so that the relative healthful-For persons who have no occupation whatever, If retired from The question (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lober pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomendature of the American Medical Association.) Struck under the head of "Contributory." (Recommendations suicide. The nature of the injury, as fracture of skull, ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of on statement of cause of death approved by Committee and consequences (e. g., sepsis, telanus) may be stated head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conchopneumonia (secondary), 10 ds. rent) affection need not be stated unless important nephratis, etc. surgical operation was undertaken. For violent deaths "PUERPERAL perilonitis," etc. birth or miscarriage cause. "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," symptoms or terminal conditions, such as "Asthenia," Example: Measles (disease causing death), 29 ds.; Broncough; Chronic valvular heart disease; Chronic interstitiol "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of to determine definitely. by railway train-accident; Revolver wound Always qualify all diseases resulting from child-The contributory (secondary or intercuras "Puerperal septichuemia," Examples: Accidental drowning; State cause for which Never report mere "Exhaustion,"

If this centificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BURNED STORY

COPY SENT TO LOCAL REGISTRAR No. 24 P DATE

S. No. 1.

PHYSICIANS should state of OCCUPATION Is very RECORD PERMANENT stated EXACTLY. properly classified. UNFADING INK-THIS IS AGE DEATH in plain terms, so that it m See instructions on back of certificate. WRITE PLAINLY, WITH N. B.—Every item CAUSE OF Important. 1 PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;....Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

FULL NAME	The state of the s
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, WARREN, WARREN, ORANGEO, ORANGEO (Write the word) 6 DATE OF BIRTH MALL 4 COLOR OR RACE 5 SINGLE, WARREN, WARRE	16 DATE OF DEATH (Wonth) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from 1915 to 1915.
(Month) (Day (Year)	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) — yrs — mos — ds.
9 BIRTHPLACE (State or country) 10 NAME OF FATHER 14 AUGUSTA	Contributory Secondary (Duration) yrs mos ds. (Signed) M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 1 MOTHER	State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) State Deleas	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place at death yrs mos ds. State yrs mos ds Where was disease contracted.
(Informant) The ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	If not at place of death? Former or usuai residence
(Address) 15 Filed May 4, 191 5 Eddie Sewlling REGISTRAR	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSINO DEATH, state occupation at beginning of illshould be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. statement. who have no occupation whatever, write Nonc. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (b) "Laborer," "Foreman," engineer,

Statement of cause of death—Name, first, the disease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualitied, is indefinite): Tubercu-lesis of lungs, meninges, peritonacum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. childbirth or mlscarriage as "Puerperal septichacmus," "Old Age," "Shock," "Uraemia," "Weakness," valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-aceisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Scnile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. is less definite; avoid use of "Tumor" for mallg-The contributory (secondary or intercurrent) . (Recommendations on statement of "Dropsy," "Exhaustion," State cause for death), 29 ds.;



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

PHYSICIANS should state of OCCUPATION is very Exact statement stated EXACTLY. carefully supplied. AGE should be so that it may be properly classified. DEATH in plain terms, so that it m See instructions on back of certificate. should be N. B.—Every Item of Information CAUSE OF DEATH in pial Important.

PLACE OF DEATH County Somersex



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 260

St.;....Ward)

[It death occurred in a hospital or institution give its NAME Instead ot street and nomber.]

Princes auguse
Margaret WEEks

6829

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female 4 COLOR OR RACE 5 SINGLE, MARRIED, Widowed with with the word)	18 DATE OF DEATH May 19 ,191.51 (Month) (Day (Year)
6 DATE OF BIRTH Kely 16, 1535' (Month) (Day (Year)	that I last saw h w alive on May 7, 1915
7 AGE 1 G	and that death occurred on the date stated above, at 3500 m. The GAUSE OF DEATH* was as follows:
(a) Trade, protession, or particular kind of work. (b) General nature of industry.	Olrone nephrites
business, or establishment in which employed (or employer)	(Ouration) 7 (yssbutalog) ds.
9 BIRTHPLACE (State or country) Wales	Gontributory Secondary
10 NAME OF Thomas Price	(Signed) Telling (Quration) Try mos ds.
11 BIRTHPLACE OF FATHER (State or country) 12 Malen NAME X OF MOTHER X L 12 MOTHER OF MOTHER X L	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
of Mother not known	18 LENGTH OF RESIDENCE (FOR HOSPITALS INSTITUTIONS TO ANGLES
13 BIRTHPLACE OF MOTHER (State or country) Not known	At place In the ot death yrs mos ds. Slate yrs, mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Nova Weeks	Where was disease contracted, if not at place ot death?
(Address) Truces aliene Mid	Porth Bolling Chis My 21 1955
Filed 19 1915 PREGISTRAR	The fif Smil Pomers Come

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations dnties of the household only (not paid Housekeepers been changed or given up on account of the disease gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an statement. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is uec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tlon is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meuingitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutesis of lungs, meninges, perilonaeum, etc., Carcin-

cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., ture of the American Medical Association.) sepsis, tetanus) by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puenperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Contributory." dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which snrgical operation was undertaken. For vio-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes affection need not be stated unless important. nant neoplasms); Meastes; Whooping cough; Chronic cer" is less definite; avoid use of "Inmor" for maligmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Can-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," may be stated under the head (Recommendations on statement of (disease causing death), 29 ds.; "Exhanstion,"



stated EXACTLY. PHYSICIANS should state I. Exact statement of OCCUPATION is very RECORD PERMANENT e carefully supplied. AGE should be so so that it may be properly classified. UNFADING INK-THIS IS See instructions on back of certificate. PLAINLY, WITH should be Every Item of Information should be CAUSE OF DEATH in plain terms, Important. N.B.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

V	FULL NAME Mary L. Mr.	St; Ward) a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 _S	EX 4 COLDROR RACE 5 SINGLE, MARRIEO, WIDDWED, ORDIVORCEO (Write the word)	16 DATE OF DEATH May 24 , 1915
6 D	ATE OF BIRTH (Month) (Day) (Year)	May 6 1915 to May 73 , 1915. that I last saw here alive on May 19 , 1916
7 A		and that death occurred on the date stated above, at 1238 A: m. The CAUSE OF DEATH* was as follows:
(a pa (b) bus wh	CCUPATION) Trade, profession, or ricular kind of work. General nature of industry, iness, or establishment in ich employed (or employer) IRTHPLACE tate or country)	(Duration) yrs. mos. ds. Contributory Duaciation & Cyliansty. (Secondary)
ARENTS	10 NAME OF FATHER William Montage 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	(Signed)
147	of Mother 13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	1BLENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos, ds. State yrs, mos, ds. Where was disease contracted, it not at place of death? Former or usual residence.
15 Fil	ed May 2 6, 1910 - W. S. Kelle REGISTARA	20 UNDERTAKER

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1

No. 1. ú



[Approved by L. S. Census and American Public Health
Association.]

cated thus: Farmer (rettred 6 yrs.). For persons ness. If retired from business, that fact may be indlof persons engaged in domestic service for wages, as should be taken to report specifically the occupations dutles of the household only (not paid Housekeepers cases, especially in industrial employments, it is necwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salcsman, (b) Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death--Name, first, the disease causing death--Name, first, the disease causing death--Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "PUERPERAL septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. cause. Always qualify all diseases resulting from "Heart failure," "Haemorrhage," "Inanition," "Maras. "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallg oma. Sarcoma. etc., of . The contributory (secondary or intercurrent) tetanus) may be stated under the head of "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (name origin; "Can Examples: For vio-

